



CITY OF JANESVILLE

Wisconsin's Park Place

RECREATION DIVISION

Application for Rockport Pool Scholarship Swim Passes

Applicant Name: _____ Age _____

Address: _____ Phone _____
Street and Number City Zip Code

Scholarship Season Pass Prices: (50% off the regular season pass price):

Type of Pass	Until June 9, 2021 (Pre-Season Sales)	June 10-July 16, 2021
Youth (3-17) or Senior (55 & Up)	\$17.50	\$20.00
Adult (18-54)	\$22.50	\$25.00
Family (up to 4 family members living in same household)	\$42.50	\$47.50
Additional Family Member	\$5.00	\$5.00
Babysitter/Nanny (must be in conjunction with a family pass)	\$10.00	\$12.50

Rockport Pool Opens June 10, 2021 and Closes August 15, 2021. Pool dates and hours are subject to change.

Household members: (only members of the family who live in the same household may be listed for a family pass.)

Please list applicant name in this list if desiring a swim pass. A minimum of one adult must be included per family pass.)

<u>Name</u>	<u>Age</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Please Note:

2021 Passes are
50% off the regular
season pass price
per person

Household type: Please check all that apply

Elderly ____ Non-Elderly ____ Single Parent ____ Handicapped/Disabled ____
Female Head of Household ____ Household with children ____ Large Family (5) ____

Income Eligibility:

Income (please list total gross income received by all household members)

Type of income (includes ALL forms of income)	Gross monthly payment
_____	_____
_____	_____
_____	_____

Do you rent? _____ Own? _____ Rent/mortgage monthly payment? _____

Does the family qualify for section 8 Housing Assistance? _____

Do the school age children qualify for free or reduced lunch program at school? _____

PLEASE SIGN ON BACK!

PLEASE NOTE:

- Scholarship pool pass applications will be accepted beginning Monday, April 26th, 2021, but notification of award will not occur until Tuesday, May 4th, and every other Tuesday after that date, Recreation staff will take all application forms to the School District for approval or approve applications based on other criteria. Individuals who qualify will be notified to return to the Recreation Division Office to pick up their pass(es) and pay the fee of 50% off regular season pass rate/person.
- Any lost tag will be \$2 for replacement.
- No scholarship season pool pass applications will be accepted after July 16th, 2021

Signature Clause

I, the undersigned, understand that the City of Janesville Recreation staff members are relying on this information to prove my/our household's eligibility for the summer swim pass scholarship program. I certify that all the information and answers to the above questions are true and complete to the best of my/our knowledge. I consent to release necessary information to determine my/our eligibility. I understand that providing false information or making false statements is grounds for denial of my/our application and/or cancellation of my approved scholarships. I also understand that such action may result in criminal penalties.

I authorize my/our consent to have City of Janesville Recreation staff members verify the information contained in this application for purposes of proving my/our eligibility for participation I will provide all necessary information and expedite this process in any way possible. I understand that participation is contingent upon meeting federal income and local program requirements.

I have read, understand, and agree to the certifications as set forth above.

X _____
Signature of Parent/Guardian Print Name Date

School District Verification Waiver

School officials may give eligibility information from my free and reduced price school meal application to the City of Janesville Recreation staff to determine eligibility for summer swim pass scholarships. I understand that I will be releasing information that will show that I applied for free and reduced price school meals for my child. I give up my rights for this purpose only. I also understand that failing to sign this consent will not affect the eligibility of my child in the free and reduced price school lunch program and this information will not be shared by the City of Janesville with any other program.

I certify that I am the parent/guardian of the child for who application is being made.

X _____
Signature of Parent /Guardian Print Name Date